

Hazard Mitigation Grant Program Application

FEMA-1505-DR-CA



**Governor's Office of Emergency Services
Hazard Mitigation Grant Program Application DR-1505**

Section I: Notice of Interest

1. **Federal Information Processing Number (FIPS#):** _____
2. **Applicant Name:** _____
3. **Applicant Address:** _____
City: _____ State: _____ Zip Code: _____ County: _____
4. **Applicant Type:** City ☐ County ☐ State ☐ Non-Profit ☐ If Non-Profit provide EIN # _____
Special District ☐ Other: ☐ If Other, please specify _____
Native American Tribe ☐
5. **Legislative Districts**

	<u>Applicant</u>	<u>Project Site</u>
State Assembly	# _____	# _____
State Senate	# _____	# _____
U.S. congressional District	# _____	# _____
6. **Authorized Applicant's Agent**
Name and Title: _____
Address (if different from applicant): _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax # _____ Email: _____
7. **Activity Location:**

8. **Project Manager/Working Contact:**
Name and Title: _____
Address (if different from applicant): _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax # _____ Email: _____
9. **Alternate Contact:**
Name and Title: _____
Address (if different from applicant): _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax # _____ Email: _____
10. **Activity Type:** Planning _____ Project _____ Other _____
11. **Activity Title/Name:** _____

12. **Brief Summary of the Problem:** (Describe the problem you are attempting to mitigate in the space provided below)

13. **Brief Summary of the Proposed Solution:** (Describe the proposed mitigation solution in the space provided below)

14. **Duplicate Programs:** Has this activity received funding or is being considered for funding from another federal program such as the NRCS Emergency Watershed Protection Act or the FEMA Public Assistance Program ? Yes ___ No ___ If yes, identify the program and the Disaster Survey Report, Project Worksheet, or application number(s). _____

15. **Total Activity Cost**

Federal Requested Share: _____ (Maximum is 75% of the eligible activity cost)

Applicant Match: _____ (Minimum is 25% of the eligible activity cost)

Total Activity Cost: _____

Section II: Activity Description

16. Detailed Description of the Problem: (Use additional pages as needed)

17. Detailed Description of How the Proposed Activity Will Eliminate or Reduce the Problem:
(Use additional pages as needed)

18. **Project Alternatives Considered**

Alternative 1 (no action)

Alternative 2

Alternative 3:

19. **Work Schedule**

Attach a detailed work schedule.

20. **Budget**

Please provide an estimate of the breakdown of activity costs in the following FEMA-approved categories:

- Planning
- Management
- Labor
- Materials
- Equipment
- Land Acquisition
- Studies
- Engineering
- Relocation
- Demolition
- Other

Please remember: Contingency is **not** a FEMA-allowable cost item; and Grant Administration is calculated separately.

Section III: Supplemental Information

21. **Floodplain Management and Protection of Wetlands** Hazard mitigation projects must be evaluated for potential impact on floodplains or wetlands (attach additional information as necessary).

A. Is the project in or near a wetland, swamp, marsh, etc. Yes ____ No ____ If yes, explain:

Answer the following questions using FIS and FIRM information:

B. Is the project in: 100-year floodplain? Yes No 500-year floodplain? Yes No

A floodway? Yes No Coastal high-hazard area? Yes No

C. Does the proposed action have the potential to affect or be affected by a wetland and/or floodplain? Yes ____ No ____ If yes, explain:

D. Does the project support development in a floodplain? Yes ____ No ____ If yes, explain:

If you answered NO to all of the above questions, skip to Environmental Review (22).

If you answered yes to any of the above Floodplain Management questions, complete the rest of this section.

E. Has the public been notified to assist with the planning aspect of the proposed action?

F. Are there practical alternatives to the proposed action that can be completed outside of the wetland and/or floodplain?

G. Have the potential direct and indirect impacts associated with the occupancy and modification of the wetland and/or floodplain been identified?

H. Have steps been identified to minimize the impact to the proposed action?

I. Has the public been notified of the findings and final decision that taking the action in the wetland and/or floodplain is the only practical alternative?

J. Circle type of land use upstream and downstream:

Pasture/cropland (sparse development)	Upstream	Downstream
Forest/desert (undeveloped)	Upstream	Downstream
Urban (developed)	Upstream	Downstream
Wetland (marsh or sloughs)	Upstream	Downstream

K. Floodplain Manager

Who is the local floodplain manager? _____ Title: _____

Address: _____

Fax #: _____ Phone: _____ Email: _____

22. **Environmental Review** (attach detailed information as necessary)

- A. Are there any completed environmental documents, consultations, or permit applications related to project, site or area? Yes _____ No _____

Dates of Studies _____

If yes, attach a copy.

- B. Are there any biological studies completed in or around the project area?
Yes _____ No _____ If yes, attach a copy.

- C. Does the project area contain any endangered species? Yes _____ No _____

- D. Is there potential for controversy? Yes _____ No _____ Explain:

- E. Is additional **environmental review** information attached to application? Yes _____ No _____

23. **Historical Review Checklist** (attach additional detailed information when necessary)

- A. Are any of the structures in the project area over fifty years old? Yes _____ No _____
If yes, list address(es) of structure(s).

- B. Does the proposed project affect historic properties on, or eligible for, the National Register of Historic Places? Criteria for eligibility:

- Associated with significant events, activities, or individuals
- Is a building of distinction or by an important master
- Is important for the information that can be obtained
- Contains sufficient historic integrity to convey its period of significance

Yes _____ No _____ If yes, how is/are the structure(s) listed? _____
Address(es) of structure(s)

- C. Is the proposed project site located in a historic district? Yes _____ No _____
If yes, how will the proposed project have an impact on the historic district?

- D. Will the project disturb previously undisturbed soil? Yes _____ No _____
If yes, explain:

E. Will the project disturb or have adverse effects outside the currently disturbed area (e.g., drainage systems or culverts under existing streets/bridges) or outside the footprint of an existing facility? Yes ____ No ____ If yes, explain:

F. Does the construction site or surrounding area contain any cultural or archaeological resources? Yes ____ No ____ If yes, explain:

G. If the answer to any of the questions above (A – F) is “yes,” attach recent or historic photographs of the historic properties. Are photos with application? Yes ____ No ____

H. Is additional historical consultation information attached with application?
Yes ____ No ____

24. Supplemental Analysis

A. If the proposed Activity is a project, complete the appropriate benefit cost worksheets in the appendix for the proposed project.

- 1) For flood mitigation projects, complete the Flood Supplement.
- 2) For seismic mitigation projects, complete the Seismic Supplement.
- 3) For fire mitigation projects, complete the Fire Supplement.

B. If the proposed Activity is a plan or administrative measure, provide the information requested in the Planning/Administrative Measure Supplement

FLOOD SUPPLEMENT

FEMA requires a benefit-cost analysis of all projects. Benefits must be equal to or greater than the project cost for a project to be eligible for funding. The benefits considered are the reduction in expected future damages and losses due to the mitigation project.

If exact information is not available, it is acceptable to use **approximate data, reasonable estimates, or informed judgments**. However, all estimates must be clearly identified and be justified by a written explanation. Since benefit-cost analysis uses mathematical calculations, all prior damage estimates, probable future losses, duration, etc., must be quantified.

Only completed applications and supplements will be reviewed; if you have additional questions or need technical assistance while completing this supplement, please call (916) 845-8150.

1. Please provide a 7.5 minute Quad Map and general area map with the location of the project on the map. Are the Maps attached? Yes ____ No ____

2. Were public facilities or structures damaged during a declared disaster? Yes ____ No ____

3. Describe the damage(s), the repair, and the cost of the repair.

4. Were the damages addressed in a Public Assistance Project Worksheet (PW)?

Yes ____ No ____

If yes, what is/are the PW Number(s)? _____

5. Has the PW(s) been approved for funding by FEMA or OES? Yes ____ No ____

Explain: _____

6. Attach a copy of the PW(s).

7. If there is no PW for the repair of a damaged facility or structure, please explain why there was no PW written.

8. Were any non-profit organizations or institutions that perform essential governmental services in the project area displaced during the flood event? Yes ____ No ____

9. What service does the non-profit or institution provide?

10. Did the non-profit or service provider temporally relocate? Yes ____ No ____
If yes, for how long?

11. Did another organization or government entity provide substitute services?
Yes ____ No ____

12. What is the usual cost to provide the service? Please separate cost into line items (moving cost, rent, computer rentals, staff members etc.).

13. What were the additional costs to provide the service during and after the flooding?

14. Please explain the financial benefits of the service to the community. _____

Please review the following worksheets and questions that best describe each element of your project, and then complete the appropriate worksheet(s).

- Worksheets A, A1, and A2 are for Culvert, Detention Basin, Water Conveyance System, Openspace, Wetland, and Channel Restoration projects.
- Worksheets B, B1, and B2 are for Single Family Home Elevations and Acquisitions.

Culvert, Detention Basin, Water Conveyance System, Setback Levee, Wetland, Channel Restoration

BENEFIT COST WORKSHEET A

1. What level of protection does the channel, culvert, water conveyance system, rip/rap, detention basin, etc. currently provide? (The level of protection is generally called recurrence interval: 10 year, 20 year, 100 year).

2. What level of protection will the channel, culvert, water conveyance system, rip/rap, detention basin, etc. provide after the proposed project is completed?

3. Please attach any engineer reports such as hydrological or others that were used to determine design and level of protection. Are the reports attached? Yes _____ No _____
4. Were there damages to homes or other occupied structures? Yes _____ No _____
How many?

5. How many households or businesses were displaced in the project area?
Households _____ Businesses _____
6. How long were they displaced? _____ Hours _____ Days _____ Weeks _____ Months
7. How long will the households or businesses be displaced during the construction of the proposed project? _____ Days _____ Weeks _____ Months
8. What is the average cost of rent in this area per month?
Homes _____ Business _____ (by sq. ft.)
9. The benefits of the project are determined by the damage that will be avoided in the future. The damage is calculated from the depth and frequency of the flood events. Therefore, it is important to provide detailed information relating to the depth of flooding experienced by homes and other occupied structures. To help fill out the table on Worksheet A1, you may choose to use the following method or a comparable method: Using a plat map (or other map with appropriate topographical intervals) of the area to be protected by the project, locate the occupied structures damaged by flooding. Color code the locations of the structures according to common first floor elevation or by common depth of flooding. If grouping structures by depth of flooding, please locate one or more points of known elevation for reference.

If your project is providing a solution to a flood problem that involves homes and other structures that provide essential governmental type services, please complete worksheet A1.

If your project provides a solution to a flood problem that involves additional damages other than to homes or service providers please fill out worksheet A2.

BENEFIT COST WORKSHEET A1

This worksheet is for the accounting of damages that occurred to homes and other occupied structures that are within the area that would benefit from the proposed project. Please summarize the information requested on question number 9 located on worksheet A. Please group the structures according to similar types, sizes, and usage. If you are unsure how to complete the worksheet, please call OES at (916) 845-8150.

Table A1:

First Floor Elevation (NGVD)	Flood Insurance Rate Map Special Flood Hazard Zone	Number of structures	Average square feet (include basement)	Total Square Footage of the group	Number of Stories (do not include basement)	Average Basement Square footage	Flood Depth in 19__ and Recurrence Interval	Flood Depth in 19__ and Recurrence Interval
Group 1								
Group 2								
Group 3								
Group 4								
Group 5								
Group 6								

Please provide any additional information on the usage of structures included in the table above by answering the following questions.

1. If businesses are listed in the table above, briefly describe the type of business and provide the approximate number of employees.

2. Are there any structures such as schools, hospitals, clinics that are used to provide government services listed in the table above? Please describe.

BENEFIT COST WORKSHEET A2

If your project area has types of damages other than to homes or other occupied buildings, please list the loss in the table below. List actual or potential damages in one row and project an anticipated loss above or below the flood event that damaged occurred. (For example, if loss occurred at a 5-year recurrence interval (flood event), estimate the possible losses of a 10-year recurrence interval. Do not combine losses. List each type of loss. If you have questions, call OES at (916) 845-8150.

Table A2:

[illegible]

Please add any additional comments to clarify or add any relevant data to the table above.

[illegible]

Single Family Home Elevations And Acquisition Projects

BENEFIT COST WORKSHEET B

Generally, there are two methods acceptable to present elevations and acquisition projects to FEMA. The first method is to identify each structure to be elevated or acquired. The second method is to have a pool of structures from which individual addresses will be identified at a later date. **Site-specific information is needed for both methods.** The high water elevation, finished floor elevation, square footage, and cost of the proposed project are essential data needed to evaluate the benefits or cost savings to the federal government.

1. The benefits of the project are determined by the damage that will be avoided in the future. The damage is calculated from the depth and frequency of the flood events. Therefore, it is important to provide detailed information relating to the depth of flooding experienced by homes and other occupied structures. You may choose to use the following method or a comparable method: Using a plat map (or other map with appropriate topographical intervals) of the area to be protected by the project, locate the occupied structures damaged by flooding. Color code the locations of the structures according to common first floor elevation or by common depth of flooding. If grouping structures by depth of flooding, please locate one or more points of known elevation for reference. Is the plat map or other drawing attached? Yes _____ No _____
2. Is the flood problem repetitive? Yes _____ No _____
3. How many times did the sites flood, and what were the years of the flood events ?

4. Were there damages to homes or other structures? Yes _____ No _____ If yes, how many?

5. How many homes or structures do you plan to elevate? Homes _____ Other _____
6. How many homes or structures do you plan to acquire? Homes _____ Other _____
7. Were any of the potential elevation or acquisition site occupants displaced during the flood event? Yes _____ No _____
8. Who was displaced and how many homes, non-profits or other service providers were displaced?
Homes _____ Apartment Complex _____ Number of Apartment Units _____
Non-Profits _____ Other service providers _____
9. How long were they displaced? _____ Hours _____ Days _____ Weeks _____ Months _____
10. How long will home owners or other potential elevation candidates become displaced during the elevation process? _____ Days _____ Weeks _____ Months _____
11. What is the average cost of rent in this area per month?

Homes _____ Business _____ (sq. ft.)
12. Does your elevation or acquisition project involve more than 40 structures? Yes _____ No _____

13. Is your project presented as a pool of elevation or acquisition candidates with the number of candidates greater than the number of units that will actually be chosen for the project, i.e., are there more sites than requested funding will allow? Yes _____ No _____

If you answered no to question 12 or 13 listed above, you must do the individual site-by-site Worksheets B1; make as many copies as needed of Worksheet B1.

If you answered yes to the two questions above, fill out worksheet B2. If you have questions, please call OES at (916) 845-8150.

Benefit Cost Worksheet B1

1. Structure #: _____ of _____ Structure's Function:

2. Address:

3. Total Square Footage: _____ Number of Stories:

Basement: ____ Yes ____ No

4. Assessor's Parcel Number: _____ Year structure was built: _____

5. What is the Flood Insurance Rate Map Special Flood Hazard Zone for this site?

6. Does the site have any historic significance, or does the area have unique characteristics that would result in the imposing of building restrictions? Yes ____ No ____

Please explain:

7. Quality of Construction: (fair, good, custom) _____ Reconstruction Cost by Square Foot: _____

8. Type of Construction (wood frame, masonry, mobile home, etc.): _____

9. Type of Foundation: _____

10. What is the finished floor elevation (NGVD)? _____

11. What is the cost of the mitigation element (elevation)?

12. If the structure is used to provide essential government services by a non-profit or government agency, provide a brief explanation of its contents and their value:

13. Has the structure(s) ever been flooded? Yes ____ No ____ If Yes, complete the following table:

Benefit Cost Worksheet B1 (Continued)

Date Flooded:	Recurrence Interval:	Depth of flooding in the interior of the home:

Attach a color photo of the site to be elevated or acquired

Benefit Cost Worksheet B2

1. Group structures from the information requested in question #1 of worksheet B. Separate and group by similarities such as the number of stories, units with basements, quality of construction, elevation, depth of flooding, and location. List the groupings in the table below. Additionally, provide a spreadsheet with each individual site address, including the owner's name, number of stories, square footage, basement size, and Flood Insurance Rate Map Special Flood Hazard Zone.

Table B2: Summary of information requested in question #1 on worksheet B.

First Floor Elevation (NGVD)	Flood Insurance Rate Map Special Flood Hazard Zone	Number of Units	Average square feet (including basement)	Total Square footage of the group	Number of Stories (do not include basement)	Average Basement Square Footage	Recurrence interval and Flood Depth in 19__	Recurrence interval and Flood Depth in 19__
Group 1								
Group 2								
Group 3								
Group 4								
Group 5								
Group 6								

2. What is the average square foot cost to elevate a structure? Please provide the cost by square foot for the groups of structures you have identified.

Group 1: Cost per sq. ft.	Group 2: Cost per sq. ft.	Group 3: Cost per sq. ft.	Group 4: Cost per sq. ft.	Group 5: Cost per sq. ft.	Group 6: Cost per sq. ft.

3. What is average square foot cost to acquire a structure? Please provide the cost by square foot in the table below.

Group 1: Cost per sq. ft.	Group 2: Cost per sq. ft.	Group 3: Cost per sq. ft.	Group 4: Cost per sq. ft.	Group 5: Cost per sq. ft.	Group 6: Cost per sq. ft.

SEISMIC SUPPLEMENT

FEMA requires a benefit -cost analysis of all projects. Benefits must be equal to or greater than the project cost for a project to be eligible for funding. The benefits considered are the reduction in expected future damages and losses due to the mitigation project.

If exact information is not available, it is acceptable to use **approximate data, reasonable estimates, or informed judgment**. However, all estimates must be clearly identified and be justified by a written explanation. Since benefit-cost analysis uses mathematical calculations, all prior damage estimates, probable future losses, duration, etc., must be quantified.

Only completed applications and supplements will be reviewed; if you have additional questions or need technical assistance while completing this supplement, please call (916) 845-8150.

I. Structural Retrofit

A. Introduction

This information is required to determine the cost effectiveness of structural retrofit of emergency facilities.

Please use this worksheet to answer the following questions and use additional sheets referring to the question number in all cases. Please answer all applicable questions as fully and completely as possible.

B. Building Location

Name of the Building/Facility:

Address:

City:

Zip Code:

Provide a street map (8 1/2" by 11") with building/facility identified.

C. General Information

Number of stories above grade:

Total floor area in square feet (SF):

Date of Construction:

Does the Building have historical significance?

What is the Building's function(s)?

D. Building and Site Description

An engineer's description of the building or facility (structure) is required along with an analysis of the seismic hazard involved. The description will cover construction type, framing, foundations, etc. Explain any seismic design, complications such as soft story, irregular shape, heavy masonry, chimney, etc. This description is to include expected seismic performance information, fragility curves of buildings and contents, seismic hazard analysis, casualty rates and other related information as available.

Provide an engineer's description of the existing structure and descriptions of the soil type and geotechnical reports.

E. Building Type: Check the appropriate category(ies).

	1	Wood Light Frame
	2	Wood (Commercial or Industrial)
	3	Steel Moment Frame
	4	Steel Braced Frame
	5	Steel Light Frame
	6	Steel Frame with Concrete Shear Walls
	7	Steel Frame with Unreinforced Masonry Fill
	8	Concrete Moment Frame
	9	Concrete Frame with concrete Shear Walls
	10	Concrete Frame with Unreinforced Masonry Infill
	11	Precast Concrete Tilt-up
	12	Precast Concrete Frame with Concrete Shear Walls
	13	Precast Concrete Frame without Shear Walls
	14	Unreinforced Masonry Bearing Wall
	15	Reinforced Masonry with Precast Concrete Diaphragm
	16	Reinforced Masonry with Flexible Diaphragm
	17	Mobile Home
	18	Other-User Defined. Provide explanation in Section E

TABLE I

F. Demolition Threshold

Many buildings or facilities (structures) may be considered to be demolished rather than be repaired when the cost to repair the damage exceeds the replacement cost. Demolition threshold is the percentage of a structure damage, in which case the structure would be replaced rather than be repaired. Demolition threshold may be considered 20% to 30% for old, marginal or substandard structures, 50% to 60% for modern structures and 100% for Historical structures.

What is the demolition threshold?

G. Replacement Value

Replacement value is the cost to provide a functionally equivalent building or facility (structure) of the same size. For historical buildings, provide reproduction value; this value is a more appropriate measurement for a historical structure replacement value.

What is the structure replacement value (total cost or cost per square foot)?

H. Contents Value

The value of the structure contents is the estimated total value of its contents, including furniture, flooring, equipment, computers, supplies, art work, etc. For most structures the contents' value is significantly smaller than the value of the structure.

Please provide a description and a value of the contents (total value or per square foot):

I. Displacement Costs Due to Earthquake Damage

Displacement costs due to earthquake damage may occur when occupants must operate from a temporary site while earthquake damage to the original structure is repaired. Major earthquakes may cause extensive damage to many structures, thus reducing any available alternate space leading to higher rental costs throughout the damaged area. Other displacement costs include moving and extra operating costs incurred because of the disruption and displacement from the original and normal quarters.

Please provide other costs of displacement (per month):

J. Building Occupancy

In Table II provide the average number of persons (employees and visitors) present in the building during the day, evening and night for weekdays and weekends, the hours per day, months per year.

	Weekdays			Weekends		
	Day	Evening	Night	Day	Evening	Night
Occupants						
Days per week						
Hours per Day						
Months per Year						

TABLE II

K. Value of Public/Nonprofit Services

This section applies to public/nonprofit facilities only. If the building under evaluation is commercial or residential, bypass this section. The annual budget is the total annual operating cost of all public/nonprofit agency functions located in the building. This total should include rental costs, but exclude "pass through money," such as Social Security payments that the agency receives and redistributes.

Describe the services provided:

What is the annual budget of the Public/Nonprofit Agency?

Is the rent included in the annual budget?:

If the rent is not included, what is a reasonable estimated rent (per month)?:

L. Post-Disaster Continuity Premium

Some public/nonprofit services may have little demand after a disaster, while others may be vital. Public/nonprofit services that are important for post-disaster response and recovery are worth more to the community after the disaster than in normal circumstances. The post-disaster continuity premium assigns an extra value to these post-disaster services. For example, emergency services would be vital in the hours and days immediately following a disaster, whereas routine services, such as employment referral, would not. Based on the nature of the services, the post-disaster continuity premium is how much extra daily costs the tenant or agencies would be willing to spend to maintain the normal functions. Routine services that can be delayed with little or no impact should not have a continuity premium.

Please provide the Post-Disaster continuity premium (per day) if applicable:

M. Functional Downtime

(1) Functional downtime is the estimated number of days a public/nonprofit agency cannot provide services due to disaster-related damage. For example, an agency may estimate to relocate out of its building for 60 days, but may resume service from temporary quarters after seven days. The functional downtime is considered seven days.

(2) The typical functional downtime estimate assumes that for every 1% of building damage sustained, one day of functional downtime occurs. It is assumed that public/nonprofit agencies and businesses will resume function at a temporary site within 30 days. Thus, the typical functional downtime is capped at 30 days.

(3) Functional downtime is also used to estimate income losses (if applicable) due to earthquake damage.

If the estimated functional downtime is different from the typical, please describe in detail:

N. Rent and Business Income Loss

If there is rental income from residential and commercial space, please provide the total monthly rent from all tenants:

Please provide the estimated net income of commercial business per month:

O. Project Mitigation Costs

Project mitigation costs should include all direct construction costs plus other costs such as architectural and engineering fees, testing, building permits and project management, but relocation costs should be excluded. Unavoidable costs such as required code upgrades are to be individually listed.

Please provide the project mitigation costs:

The year in which the project cost was estimated:

P. Project Life of Mitigation

The project's useful life is the estimated number of years during which the project mitigation will maintain its effectiveness. A useful life of 5 to 10 years for an equipment purchase is commonplace. Useful lives of 30 years for residential buildings and 50 years for non-residential buildings are typical. For major infrastructure projects, or for historically important buildings, useful lives of 50 to 100 years may be appropriate.

Please provide the project in mitigation useful life (in years):

Q. Project Mitigation Maintenance Cost

Annual maintenance costs may be required to maintain the effectiveness of some mitigation projects. For most seismic mitigation projects, the annual maintenance costs will be negligible or zero.

Please provide the annual maintenance costs:

R. Relocation Costs

For some mitigation projects, occupants may have to be relocated for construction of the project. Relocation time is the number of months for which the building must be vacated in order for the mitigation project to be completed. Note this relocation time is completely distinct from the displacement time needed to repair earthquake related damages. Other relocation costs include moving and extra operating costs incurred because of the temporary relocation.

What is the project relocation time (in months)?

What are the estimated rental costs during occupant relocation (in square foot/per month)?

If there are other relocation costs (per month) please provide:

S. Displacement Cost

Displacement time is the estimated number of days the occupants are vulnerable to displacement due to seismic damage. Displacement time may be shorter than the repair time because some earthquake damage repairs can be made with occupants in the building. If the estimated displacement time due to earthquake is unusual or out of the ordinary, please describe in detail:

II. Seismic Bracing of Emergency Power or Communications Systems in Medical Facilities

A. Facility Information

Please the number of locations requiring bracing:

Please provide the name and address of each medical facility:

Provide a street map with the location of each facility.

B. Project Information

Please provide a list of equipment to be braced per facility. Please include the size or capacity of the equipment and the replacement cost.

Describe the critical function of the equipment and the consequences if there was a loss of function due to a seismic event. If a cost for the loss of function can be determined, please provide.

What is the cost of bracing the equipment per each piece of equipment requiring bracing.

What is the total cost of all bracing at each facility?

What is the total cost of all bracing at all facilities?

FIRE SUPPLEMENT

FEMA requires a benefit-cost analysis of all projects. Benefits must be equal to or greater than the project cost for a project to be eligible for funding. The benefits considered are the reduction in expected future damages and losses due to the mitigation project.

If exact information is not available, it is acceptable to use **approximate data, reasonable estimates, or informed judgments**. However, all estimates must be clearly identified and be justified by a written explanation. Since benefit-cost analysis uses mathematical calculations, all prior damage estimates, probable future losses, duration, etc., must be quantified.

Only completed applications and supplements will be reviewed; if you have additional questions or need technical assistance while completing this supplement, please call (916) 845-8150.

Site-Specific Information for Vegetation Management: Fuel Breaks

1. Is this a fuel modification project? Yes ____ No ____
2. What methods will be used to modify the fuels?
Prescribed Fire ____ Grazing ____ Mechanical Clearing ____ Manual Clearing ____
3. How many structures will be protected by the fuel break? _____
4. What is the replacement value of the structures that this fuel break will protect?

5. Does the proposed fuel break provide infrastructure protection (e.g., bridges, roads)?
Yes ____ No ____ If yes, what is the replacement value of the infrastructure protected?

6. What is the cost per acre for the proposed fuel break? _____
7. Annually, how many fires occur in the area protected by the proposed fuel break?

8. Annually, how many fires in the area protected by the proposed fuel break exceed 100 acres?

9. Annually, how many fires in the area protected by the proposed fuel break exceed 500 acres?

Site-Specific Information for Vegetation Management: Defensible Space

1. Is this a defensible space project? Yes ____ No ____
2. What methods will be used to provide defensible space?
Enforcement of defensible space standards _____
Installation of fire resistive landscaping around existing structures _____
3. How many structures will be protected by improving defensible space?

4. What is the average replacement value of the structures that will be protected by improving their defensible space? _____
5. Annually, how many fires occur in the area protected by the improved defensible space?

6. Annually, how many fires occur in the area protected by the improved defensible space exceed 100 acres? _____

Annually, how many fires occur in the area protected by the improved defensible space exceed 500 acres? _____

PLANNING/ADMINISTRATIVE MEASURE SUPPLEMENT

This supplement is to be used for requesting funding for all or a functional part of either a Local Hazard Mitigation Plan or the California State Hazard Mitigation Plan as defined by Sec. 322. This section must also be completed when submitting an application for an administrative measure.

1. Will the plan/measure include more than one jurisdiction? Yes___ No___
2. Please provide the following information for each of the jurisdictions to be included in the plan (plans only):
 - a. Jurisdiction Name
 - b. County in which the jurisdiction is located
 - c. Population of the jurisdiction
 - d. If the jurisdiction is a special district, what is the function
 - e. A map of the jurisdiction
 - f. CID Number
 - g. CRS Rating
 - h. Indicate if the jurisdiction participates in any of the following
 - i. Firewise Community
 - ii. Firesafe Councils
 - iii. Cooperating Technical Partner
 - iv. National Fire Protection Association (NFPA) 5000 Code
 - v. International Building Code
 - vi. Building Code Effectiveness Grading Schedule (BCEGS). If so what is the jurisdiction's rating?
 - vii. Mutual Aid agreement
3. Do any of the jurisdictions have any of the following plans (plans only)?
 - a. General Plan (provide status if not updated)
 - b. FEMA-approved flood mitigation plan
 - c. FEMA multi-hazard mitigation plan (Provide status if not approved)
 - d. Any other hazard mitigation plans
4. In general, identify the hazards and the vulnerabilities that will be addressed in the plan/measure, the general locations and the criticality of addressing the hazards and vulnerabilities.
5. In general, provide an overview of the plan/measure development process. Indicate if the effort will update or augment other plans.
6. If the plan is for multiple jurisdictions, please provide a map of the planning area containing the boundary of the included jurisdictions (plans only).
7. Please discuss the applicant's GIS mapping capabilities.

Section IV: Administrative Documents

25. Private Nonprofit Status (if applicable)

A. Does the applicant have private nonprofit status? Yes ____ No ____

If yes, provide the following four items:

1. The Internal Revenue Service (IRS) ruling letter granting tax exemption under sections 501 (c), (d) or (e) of the IRS Code of 1954. If you do not have such a ruling letter, you must provide satisfactory evidence that your organization or entity is organized or doing business under state law as a nonprofit entity or organization (e.g., certification from the Secretary of State). Is the above proof included with your application? Yes ____ No ____ If Yes, please attach.
2. Articles of incorporation and bylaws.
3. What essential governmental type services does the applicant provide to the general public?

4. Other supporting documents from Government Agencies.

B. Please provide a copy of any published literature describing the services your organization provides.

26. Grant Funding

A. What is the source of the applicant's matching funds? _____

Is there more than one source of the applicant's matching funds? Yes ____ No ____ If yes, identify the sources.

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

B. Will your project require a funding advance? Yes ____ No ____ If yes, please provide a justification.

C. Identify the entity that will be responsible for the long-term maintenance of the activity.

What will be the cost of maintenance "per year" for this activity?

What is the funding source for the long-term maintenance of this activity?

27. Activity and Grant Management

Please provide a description of how the activity and the grant will be managed, showing the classifications and responsibilities of those who will ensure that the activity is completed and the conditions of the grant are fulfilled. Include an organization chart showing the functions and responsible parties for completing the activity and managing the grant.

28. Designation of Applicant's Agent Resolution and Certification

Be It Resolved By The _____, of the _____
(Board of Directors or Governing body) (Name of organization)

that _____, _____ or
(name of Designated Agent) (Title)
_____, _____ or
(name of Designated Agent) (Title)
_____, _____ or
(name of Designated Agent) (Title)

is hereby authorized to execute for and on behalf of the _____
(Name of Organization)

a local government entity, state agency, special district or nonprofit organization established under the laws of the state of California, this application and to file it in the Governor's Office of Emergency Services for the purpose of obtaining certain federal financial assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, P.L. 93-288, as amended.

That the _____, hereby authorizes its agent to provide
(Name of Organization)

to the Governor's Office of Emergency Services for all matters pertaining to such disaster assistance the assurances and agreements required.

Passed and approved this _____ day of _____, 19_____
(Date) (Month) (Year)

(Name and Title of Approving Board or Council Member)

(Name and Title of Approving Board or Council Member)

CERTIFICATION

I, _____, duly appointed _____ of
(Name) (Title of Clerk or Certifying Official)

_____, do hereby certify that the above
(Name of Organization)

is a true and correct copy of a resolution passed and approved by the

_____ of the _____ (Board of
Directors or Governing Body) (Name of Organization)

on the _____ day of _____, 19_____
(Date) (Month) (Year)

(Clerk or Certifying Official)

(Signature)

(Date)

29. Subgrantee Assurance State of California Hazard Mitigation Grant Program (Section 404, Stafford Act) Note: Certain of these assurances may not be applicable to your activity or program. If you have questions, please contact OES. Further, certain federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the nonfederal share of activity costs) to ensure proper planning, management and completion of the activity described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State of California, through any authorized representative, access to and the right to examine all records, books, papers or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose, modify use of, or change terms of real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record federal interest in title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with federal assistance funds to assure non-discrimination during the useful life of the activity.
4. Will comply with the requirements of the assistance-awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or state.
6. Will initiate and complete the work within applicable frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.
8. Will comply with Intergovernmental Personnel Act of 1970 (42 U.S.A. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OEM's Standards for a Merit System of Personnel Administration (5 C.P.R. 900, Subpart F).
9. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments 1972, as amended (20 U.S.A. 1681-1683 and 1685-1686) which prohibits discrimination on basis of sex; (c) Section 504 of the Rehabilitation Act 1973, as amended (29 U.S.A. 794), which prohibits discrimination on basis of handicaps; (d) the Age Discrimination Act 1975, as amended (42 U.S.A. 6101-6107) which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act 1972 (P.L. 93-255), as amended, relating to nondiscrimination on basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act 1912 (42 U.S.A. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act 1968 (42 U.S.A. 3601, et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made, and (j) the requirements on any other nondiscrimination statute(s) which may apply to the application.
10. Will comply, or has complied, with requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act 1970 (P.L. 91-646) which provides equitable treatment of persons displaced or whose property is acquired as a result of federal and federally assisted programs. These requirements apply to all interests in real property acquired for activity purposes regardless of federal participation in purchases.
11. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.A. §§ 4801, et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
12. Will comply with the provisions of the Hatch Act (5 U.S.A. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.A. 276a to 276a-7), the Copeland Act (40 U.S.A. 276c and 18 U.S.A. 874), the Contract Work Hours and Safety Standards Act (40 U.S.A. 327-333) regarding labor standards for federally assisted construction subagreements.

14. Will comply with the flood insurance purchase requirements, Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a Special Flood Hazard Area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of activity consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.A. 1451, et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.A. 7401 et seq.); (g) protection of underground drinking water under the Safe Drinking Water Act 1974, as amended (P.L. 93-523); (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205); and (i) addresses environmental justice in minority and low-income populations in compliance with EO 12898.

16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.A. 1271, et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.A. 470), EO 11593 (identification and preservation of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.A. 469a-1, et seq.).

18. Will cause to be performed in the required financial and compliance audits in accordance with the Single Audit Act of 1984.

19. Will comply with all applicable requirements of all other federal laws, Executive Orders, regulations and policies governing this program.

The undersigned represents that he/she is authorized by the subgrantee to enter into this agreement for and on behalf of the said subgrantee.

Name or Authorized Applicant's Agent

Title

Signature of Authorized Applicant's Agent

Date

30. Authorization

I, _____, do hereby certify as the authorized representative or officer of
(Name)

_____, that the information contained in this application is true and
(Name of Organization)

correct.

(Title)

(Signature)

(Date)

31. Document Checklist

Compliance Review for Environmental Laws

To help assure an expeditious review of your application by FEMA, here are some guidelines for providing environmental documentation. Please place a check mark next to the appropriate maps, documents, or other items you have included with your application.

- A clear written description of the entire scope of work, including any alternatives that may be under consideration, and any additional work, not funded by FEMA, that will be performed at substantially the same time. Include any available studies, plans, drawings, sketches, or schematics to help describe the entire project.
- Photos as required showing the proposed project area in the context of its surroundings. If the project is a building, show all sides of the entire building (at least from opposite corners), and the context of the building in its setting including the surrounding buildings. If the project is in a rural setting, show the project area in the foreground with the background of the surrounding area in all four directions.
- Location maps (e.g., USGS maps, Thomas Bros. Maps or city maps), as necessary to show the undertaking in the context of its surroundings. For projects in rural settings or for projects with ground disturbing activities, USGS maps are mandatory.
- Documentation of any other agency's environmental determinations within the scope of the project and surrounding areas.

A. National Historic Preservation Act

- Documentation of the date of construction for the original, existing facility (e.g., building permit records, tax records, newspaper accounts, architectural drawings, etc.).
- Plans showing the limits of proposed excavations or other ground-disturbing activities associated with the project.
- Location maps, in addition to those provided above, showing the project within local, state, or national historic districts.
- Local, state or national landmark listings of historic properties within the project area, including the National Register of Historic Places.
- Any existing cultural resource surveys or reports describing the archaeological/historic properties (e.g., archaeological sites, historic buildings, historic landmarks, etc.) that exist within the project area or could be affected by the project.
- Copies of any available plans for the existing facility as well as documentation of any changes made since the original construction.

B. Endangered Species Act

- Documentation (e.g., California Natural Diversity Data Base Report, Biological Assessment, Initial Study, Environmental Impact Report) evaluating biological resources that might be affected by the project activities.
- Documentation of coordination with other agencies (e.g., USFWS, CDF&G, etc.), including reports, studies and recommendations.
- Species lists identifying endangered or threatened species that might be affected by the proposed project.

C. Fish and Wildlife Coordination Act

- Detailed plans and studies for the control or modification of a natural stream or body of water.
- Documentation of coordination with other agencies (e.g., USFWS, NOAA and NMFS, etc.), including reports, studies and recommendations.
- Detailed maps, reports and studies documenting the scope of the project and surrounding areas including construction of dams, levees, impoundments, stream relocation, and water-diversion structures.
- Detailed descriptions and related reports and studies of proposed discharges of pollutants including industrial, mining, and municipal wastes or dredged and fill material into a body of water or wetlands.
- Recommendations of the USFWS and affected state(s) for protecting fish and wildlife.

D. Wild and Scenic Rivers Act

- Detailed plans and studies for the construction of any water resource project (e.g., dam, water conduit, reservoir, powerhouse, transmission line, discharge to water, or development project).
- Documentation of coordination with other agencies (e.g., NPS, BLM, USFWS, and FS, etc.), including reports, studies, and recommendations.
- Detailed maps, reports, and studies documenting the scope of the project and surrounding areas including scenic, recreational, geological, fish and wildlife, historic, cultural, or similar areas.

E. Coastal Zone Management Act

- Detailed maps, reports, and studies documenting the scope of the project and surrounding areas as they relate to the nation's coastal zones (e.g., islands, beaches, transitional and intertidal areas, salt marshes, etc., including any land extending inward to the extent necessary to control shorelines).
- Documentation of coordination with other agencies (e.g., Office of Ocean and Coastal Resource Management, USFWS, NOAA, etc.) and the state, including reports, studies, and recommendations.
- Documentation of compliance/consistency with state coastal management programs and plan.

F. Executive Order 11988 - Floodplain Management, May 24, 1977

- Detailed maps (e.g., FIRM, FBFM, State designated floodway maps, etc.) defining floodplain/floodway boundaries within the project area.
- Reports and studies (e.g., hydrology, hydraulics, etc.), documenting the scope of the project and surrounding areas as they relate to the occupancy or modification of floodplains including direct and indirect effects.
- Documentation of compliance/consistency with federal, state, local, and county floodplain management programs and plans.
- Documentation of coordination with other agencies (e.g., USACE, NRCS, DWR, USBR, NFIP, USFWS, DF&G, etc.), including reports, studies, and recommendations.
- Documentation of any Public Notices or public meetings.

G. Executive Order 11990 - Protection of Wetlands, May 24, 1977

- Detailed maps (e.g., USACE, USFWS Wetland Maps) defining wetland boundaries within the project area.
- Reports and studies (e.g., wetland assessment, hydrology, hydraulics, etc.), documenting the scope of the project and surrounding areas as they relate to the occupancy or modification of wetlands including direct and indirect effects.
- Documentation of compliance/consistency with federal, state, local and county floodplain management programs and plans.
- Documentation of coordination with other agencies (e.g., USACE, NRCS, DWR, USBR, NFIP, USFWS, DR&G, etc.), including reports, studies, and recommendations.
- Documentation of any Public Notices or public meeting.

H. Executive Order 12898 - Environmental Justice for Low Income and Minority Populations

- Documentation of coordination with other agencies (e.g., US Census Bureau, Local and Community Planning and Development Agencies, etc.), including reports, studies and recommendations.
- Reports and studies (e.g., traffic, noise, odor, etc.), documenting the scope of the project and surrounding areas as they relate to low income and minority populations including direct and indirect effects.
- Census data and income information on affected populations (e.g., location of Section 8 Housing, etc.).

I. Other Relevant Laws and Environmental Regulations

- See examples above.

32. Application Checklist

Indicate page numbers in your application where the following items may be found.

- [] 1. Federal Information Processing (FIPS) Number
- [] 2. Applicant Name
- [] 3. Applicant's Address
- [] 4. Applicant Type
- [] 5. Legislative Districts
- [] 6. Authorized Applicant's Agent
- [] 7. Activity Location
- [] 8. Activity Manager/Working Contact
- [] 9. Alternate Contact
- [] 10. Activity Type
- [] 11. Activity Title/Name
- [] 12. Brief Summary of the Problem
- [] 13. Brief Summary of the Proposed Solution
- [] 14. Duplication of Programs
- [] 15. Total Activity Cost
- [] 16. Detailed Description of the Problem
- [] 17. Detailed Description of How the Proposed Activity Will Eliminate or Reduce the Problem
- [] 18. Activity Alternatives
- [] 19. Work Schedule
- [] 20. Budget
- [] 21. Floodplain Management and Protection of Wetlands
- [] 22. Environmental Review
- [] 23. Historical Review Checklist
- [] 24. Supplemental Analysis
- [] 25. Private Nonprofit Status
- [] 26. Grant Funding
- [] 27. Activity and Grant Management
- [] 28. Designation of Applicant's Agent Resolution and Certification
- [] 29. Subgrantee Assurances
- [] 30. Authorization
- [] 31. Document Checklist
- [] 32. Application Checklist